

FROM : DARL.OFFICE SUPPLY

FAX NO. : 843 393 5676

Aug. 07 2014 12:06PM P1

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doc's Limo

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TRANS DEPT

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER: 2014 - 339 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Cleo Lee

Telephone:

843-616-2054

Address:

764 Brandon Drive
Darlington SC 29540

Fax:

843-395-8584

Other:

Email: leecl17@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☒ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☒ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

251854

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AUG 07 2014

CLERK OF COURT

025

FROM : DARL.OFFICE SUPPLY

FAX NO. : 843 393 5676

Aug. 07 2014 12:07PM P2

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

RECEIVEDDate: 7-29-14

CLASS C - TAXI

AUG - 7 2014

TRANS DEPT

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Cleo Lee DBA Speedy Cab Company764 Brandon Drive Darlington, SC 29540

Street Address of Applicant

P.O. Box 56 Darlington, SC 29540

Mailing Address of Applicant (if different from street address)

843-616-2054

Phone

843-395-8584

Fax

leecleo17@yahoo.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship☐ Partnership - List names and addresses of all person having an interest in the business.☐ Corporation - List names and addresses of two principal officers.

FROM : DARL. OFFICE SUPPLY

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Aug. 07 2014 12:07PM P3

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month _____

Year _____

Assets:	
Cash	\$ 600.00
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	\$ 4,500
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
Total Assets*	\$ 5,100
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity*	

* Total Assets = Total Liabilities and Equity

FROM : DARL. OFFICE SUPPLY

FAX NO. : 843 393 5676

Aug. 07 2014 12:08PM P4

PROPOSED RATES AND CHARGES FOR SERVICEProposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):*\$2.00 per mile*

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|--|--|--|--|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input checked="" type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input checked="" type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input checked="" type="checkbox"/> Marion | <input checked="" type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input checked="" type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input checked="" type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input checked="" type="checkbox"/> Darlington | <input checked="" type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input checked="" type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

FROM : DARL.OFFICE SUPPLY

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Aug. 07 2014 12:08PM P5

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Ford	2002-Windstar LX	2FMZA51402BB91872	5,450

FROM : DARL OFFICE SUPPLY
(Unit Number) Haley Fax (803) 820-4228

FAX NO. : 843 393 5676

Aug. 07 2014 12:09PM P6

Tel: 843-393-8584 Fax: 418433958584

Page 2 of 2 08/08/2014 1:15

AUG-5-2014 13:04 FROM: FAST DELIVERY SERVICES 18433958584

TO: 13234647348

P.1/1

INSURANCE QUOTE**This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.**

The insurance quote must be complete, listing correct insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to

The following insurance quote is for:

Cleo Lee

Name of Applicant

764 Brandon Dr. Darlington SC 29547

Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**Liability Insurance \$ 3,102.00Limits 25,000/50,000/25,000The above quoted premium is for a term of 123,000 months.**Minimum Limits - Intrastate Only:**1-7 Passengers* \$ 25,000/50,000/25,000

* Passengers = Number of seats in the vehicle, including the driver's seat.

8-15 Passengers* \$ 25,000/100,000/25,000Tower Insurance Company of New York (with out through with Technology Insurance Company Inc.)

Name of Insurance Company

120 Broadway 31st Floor, NY, NY 10271

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

08/08/2014

Date

[Signature]
Authorized Insurance Company Representative's Signature**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 36-9-60 and 36-23-910. For more information, contact Yelida Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for workers compensation coverage in South Carolina you may do so with the South Carolina Workers' Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

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Aug. 07 2014 12:09PM P7

Exhibit Fit, Willing, and Able (FWA)Cleo Lee

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

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Aug. 07 2014 12:10PM P8

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes☐ No

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Aug. 07 2014 12:10PM P9

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Clew
Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF DarlingtonThis 5th day of August, 2014Kathleen R. Mitchell
Notary PublicCommission Expires 8-9-2021

Chauvin, Carole

From: Chauvin, Carole
Sent: Thursday, August 07, 2014 3:15 PM
To: 'Edwards, Shawon'
Subject: RE: URGENT SC FORM E- POLICY #BAPBZ1020214

RECEIVED

AUG - 7 2014

TRANS DEPT

Hi Shawon

I can't accept the Form E filing because the name of the motor carrier is incorrect.

The filing you sent has the motor carrier's name listed as: Cleo Lee

The correct name of the motor carrier is: Cleo Lee DBA Speedy Cab Company

Please amend the Form E and re-send it.

Thanks,
Carole

Carole Chauvin
Program Specialist
SC Office of Regulatory Staff
Phone: 803-737-0578
Fax: 803-737-0815
Email: cchauvi@regstaff.sc.gov

-----Original Message-----

From: Edwards, Shawon [<mailto:SEdwards@twrgroup.com>]
Sent: Thursday, August 07, 2014 2:03 PM
To: 'cchauvi@regstaff.sc.gov'
Subject: URGENT SC FORM E- POLICY #BAPBZ1020214

This message is intended only for the use of the Addressee and may contain information that is PRIVILEGED and/or CONFIDENTIAL. This email is intended only for the personal and confidential use of the recipient(s) named above. If the reader of this email is not an intended recipient, you have received this email in error and any review, dissemination, distribution or copying is strictly prohibited. If you have received this email in error, please notify the sender immediately by return mail and permanently delete the copy you received.

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

RECEIVED

AUG - 7 2014

Filed with SOUTH CAROLINA PUBLIC SERVICE COMMISSION (hereinafter called Commission)

TRANS DEPT

This is to certify, that the Tower Insurance Company of New York
 (Name of Company)
 (hereinafter called Company) of 120 Broadway, 31st Floor New York NY 10271-
 (Home Office Address of Company)

has issued to CLEO LEE 784 BRANDON DR Darlington SC 29532-
 (Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 8/8/14 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 500 West Cypress Creek Road, Suite 500 Fort Lauderdale FL 33309
 (Street Address) (City) (State) (Zip Code)

this 7 day of August, 2014

Insurance Company File No. BAPBZ1020214
 (Policy Number)


 Authorized Company Representative

IRB 33308

SOUTH CAROLINA PUBLIC SERVICE COMMISSION
 101 EXECUTIVE CENTER DRIVER, ROOM 206

Columbia

SC 29210

Shawon D Edwards